

## How do I get a Title 11 GAL appointed?

- 1.) Contact Lindy Bare at Court Administration by phone (736-3071 x 3389) or email ([lindy.bare@co.benton.wa.us](mailto:lindy.bare@co.benton.wa.us)) with a request for a Title 11 GAL. Request needs to include the following information:
  - a. Requestor's name/contact info:
  - b. Alleged Incapacitated Person (AIP):
  - c. Proposed guardian(s):
  - d. County to be filed in:
  - e. Compensation: Party paid or county paid
  - f. Basic case info.: e.g. parents seeking guardianship of their adult child; AIP has Cerebral Palsy and is wheelchair bound.
- 2.) The **next three GALs on the registry** will be provided to the requestor on the form "Notice of Proposed Title 11 Guardians Ad Litem" – see attached blank "Notice of Proposed Title 11 GALs"
- 3.) Requestor contacts the GALs and notifies Lindy Bare which GAL accepts the case (by circling, signing and returning "Notice")
- 4.) Lindy Bare logs GAL acceptance/case information on the tracking spreadsheet

**SUPERIOR COURT OF THE STATE OF WASHINGTON  
FOR BENTON AND FRANKLIN COUNTIES**

7122 W. Okanogan Place, Building A, Kennewick, WA 99336

COURT ADMINISTRATOR  
PATRICIA J. AUSTIN

GAL REGISTRY MANAGER  
LINDY BARE

BENTON COUNTY JUSTICE CENTER  
FRANKLIN COUNTY COURTHOUSE  
TELEPHONE (509) 736-3071  
FAX (509) 736-3057  
lindy.bare@co.benton.wa.us

**NOTICE OF PROPOSED TITLE 11 GUARDIANS AD LITEM**

This office has received your request for a Title 11 Guardianship GAL. Following is the list of the next three GALs as they appear on the registry. **Please contact the GALs in the order listed** to determine their availability and suitability to the appointment. Once a GAL has accepted the appointment, please circle the GAL and return this form to the Registry Manager. The selected GAL will be placed at the bottom of the list for future appointments and the remaining two GALs will remain at the top of the list for the next appointment. Please notify the Registry Manager if a GAL declines the appointment for any reason other than a conflict of interest. In cases where there is an extraordinary need for a specific type of GAL and none of the proposed GALs are suitable, please contact the Registry Manager to discuss an appointment.

GAL Name:	<a href="#">Click here to enter text.</a>	Phone:	<a href="#">Click here to enter text.</a>
GAL Name:	<a href="#">Click here to enter text.</a>	Phone:	<a href="#">Click here to enter text.</a>
GAL Name:	<a href="#">Click here to enter text.</a>	Phone:	<a href="#">Click here to enter text.</a>

**Case information:**

Requestor's name/contact info:	<a href="#">Click here to enter text.</a>
AIP:	<a href="#">Click here to enter text.</a>
Proposed guardian(s):	<a href="#">Click here to enter text.</a>
County:	<input type="checkbox"/> Benton <input type="checkbox"/> Franklin
Compensation:	<input type="checkbox"/> Party paid <input type="checkbox"/> County paid (not to exceed \$1000 without pre-authorization)
Other information:	<a href="#">Click here to enter text.</a>

**Please note if a GAL declines the appointment for any reason other than a conflict of interest. Additionally, please circle the GAL who has agreed to accept the appointment, sign, date and return this form by fax to 736-3057 or email to [lindy.bare@co.benton.wa.us](mailto:lindy.bare@co.benton.wa.us).**

The above circled GAL has agreed to accept the appointment on the above referenced case.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_